Acorn Public Library
Application for Use of Meeting Rooms

Date of Application: ___________________  Date of meeting: _____________________
Meeting start time: _______   Meeting end time: ________   (INCLUDE SETUP/BREAKDOWN)
Estimated attendance: _______        Certificate of Insurance needed: (  ) yes    (   ) no
Room requested:  □ Meeting Room (60 Person Max.)   □ Conference Room (15 Person Max.)
Organization name: ___________________________________________________________________
Organization Address: _________________________________________________________________
Nature of meeting: ____________________________________________________________________
_____________________________________________________________________________________
Equipment Requests:   # of Chairs _________________    # of Tables _____________________
Audio Visual to be used: _______________________________________________________________

I have read the Library’s Meeting Room Policy, and I agree to abide by the rules contained in it and to pay the fee described in it. I agree to be present the entire length of the meeting and will be responsible for damages to Library equipment or facilities during scheduled use of the meeting room, should they occur. I agree to indemnify and hold harmless the Acorn Public Library District and/or its trustees and staff from and against any and all claims, demands, or actions that may be made or instituted against any of them arising out of the occupancy or use of the premises.

Print name of contact person: __________________________________ Date: _________________
Signature: _______________________________________________ Title: __________________________________
Address: __________________________________ City: _______________ Zip: ____________
Phone (daytime): _________________________ Fax: _______________________________
Email: ________________________________________________________________________________

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Approved: ___________    Denied: _____________
Date: _____________    Cost: _____________

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